Interim Des	ignation of of Claimed	Agent to Receive Infringement For	Notification
NORTHROM	RECOV	Commun	-:4- O-11

Full Legal Name of Service Provider:
Address of Service Provider: 100 VENTURE WAY, 2ND FLOOR, HADLEY, HA 01035
Name of Agent Designated to Receive Notification of Claimed Infringement:
MARK J. ANDREWS. VICE PRESIDENT OF ADMINISTRATION
Full Address of Designated Agent to which Notification Should be Sent:
NORTHERN ESSEX COMMUNITY COLLEGE, ELLICITY WAY, SAUSDETLY MA CLOSE
Telephone Number of Designated Agent: 978-556-3921
Facsimile Number of Designated Agent: 978-556-3723
Email Address of Designated Agent: mjandreva@necc.mass.edu
Signature of Anthorized Officer of the Designating Service Provider: Name:
Name: Date:
Typed Name and Title: MARK 7. ANDREWS, VICE PRESTDENT OF ADMINISTRATION
BY FILING THIS FORM, NORTHERN ESSEX COMMUNITY COLLEGE, AS PUBLIC INSTITUTION OF HIGHER EDUCATION OF THE COMMONWEALTH

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